



Office of the
Board of Health

City Hall

Fitchburg, Massachusetts 01420

Fee Required \$ 150.00

Scheduled Test

Date: _____

Time: _____

APPLICATION FOR TESTING LAND IN FITCHBURG

FOR PROPOSED SUBSURFACE SEWAGE DISPOSAL

1. Name: _____

Address: _____

Telephone: _____

2. Location of Land to be tested: _____
(Lot No. &/or Street No.)

Size of Lot or Land: _____

3. Proposed Construction:

a. Residential _____ b. Commercial _____ c. Industrial _____ d. Other _____

4. Proposed Water Supply: Public _____ Private _____

5. Has lot been tested previously: _____

6. Date: _____

7. Signature: _____